POLITICAL EXPENDITURES

SCHEDULE F

POLIT	CAL EXPENDITURES		S	CHEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	Page 4 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics comm	ission filers)
Date	Payee Name			Amount
1/20/2005	American Sunrise			Amount (\$)
	Contributor address; City; State; Zip Code 454 Soledad, Suite 300, San Antonio, TX			\$120.00
urpose of payment (See instructions regarding type of information	**Complete if direct exp Candidate / Officeholder nam	penditure to benefit C/OH ** e Office soug	ht Office held
	2004 Sunrise Gala			
Date	Payee Name			Amount
1/21/2005	McCoy's Building Supply Centers			(\$) \$103.40
	Contributor address; City; State; Zip Code			ψ100.40
·	11511 Perrin Beitel, San Antonio, TX 78/			
urpose of payment (equired.)	See instructions regarding type of information	**Complete if direct ex Candidate / Officeholder nam	penditure to benefit C/OH ** le Office soug	ght Office hel
	Sign Materials			
Date	Payee Name			
1/21/2005	Mary Rauch			Amount (\$)
	Contributor address; City; State; Zip Code			\$1,320.00
	L.	250		
	8423 Kingsway St., San Antonio, TX 782	230		
Purpose of payment (8423 Kingsway St., San Antonio, TX 782 See instructions regarding type of information		penditure to benefit C/OH **	ght Office he
		**Complete if direct ex		ght Office he
	See instructions regarding type of information	**Complete if direct ex		ght Office he
	See instructions regarding type of information	**Complete if direct ex		
equired.)	See instructions regarding type of information Consulting, Invoice # 04-1007	**Complete if direct ex		Amount
equired.) Date	See instructions regarding type of information Consulting, Invoice # 04-1007 Payee Name	**Complete if direct ex Candidate / Officeholder nan		Amount
equired.) Date	See instructions regarding type of information Consulting, Invoice # 04-1007 Payee Name Baselice & Associates, Inc.	**Complete if direct ex Candidate / Officeholder nan		Amount (\$)
Date 1/21/2005	See instructions regarding type of information Consulting, Invoice # 04-1007 Payee Name Baselice & Associates, Inc. Contributor address; City; State; Zip Code	**Complete if direct ex Candidate / Officeholder nam	penditure to benefit C/OH **	Amount (\$) \$24,720.00

The Instruction	guide explains how to copiete this form.		Total pages Schedule A1:	Page 6 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commi	ssion filers)
Date	Payee Name	# 10 P		Amount
1/30/2005	Alphonso De La Rosa			(\$)
	Contributor address; City; State; Zip Code 600 Hemisfair Park, Blding 237, San Anton			\$60.00
urpose of payment (Sequired.)	See instructions regarding type of information Security Guard for Campaign	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH ** me Office soug	ht Office held
	Announcement Event			
Date	Payee Name			Amount
1/30/2005	AV Source			(\$)
	Contributor address; City; State; Zip Code			\$474.10
	11207 Cedar Elm, San Antonio, TX 7823	30		
urpose of payment (Sequired.)	See instructions regarding type of information Podium, Soundsytem, Stage Rental	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH ** me Office soug	ht Office held
Date	Payee Name			
1/31/2005	Paesanos Ristorante			Amount (\$)
	Contributor address; City; State; Zip Code	 9		\$1,106.11
	555 E. Basse, Suite 100, San Antonio, TX	X 78209		
Purpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct e Candidate / Officeholder na	expenditure to benefit C/OH ** time Office soug	tht Office held
	Catering			
Date	Payee Name			
2/1/2005	Priest Cantu			Amount (\$)
	Contributor address; City; State; Zip Code	 9		\$4,000.00
	547 E. Amber, San Antonio, TX 78221			
Purpose of payment (equired.)	See instructions regarding type of information	**Complete if direct of Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sou	ght Office held
	Consulting - February			

Texas Ethics Commi	ission P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		s	CHEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	
				Page 8 of 39
FILER NAME	Oannall Mr. Oakuskant		ACCOUNT # (Ethics commi	ssion filers)
	Carroll W. Schubert			
Date	Payee Name		:	Amount
2/1/2005	Jane Fritz			(\$)
	Contributor address; City; State; Zip Code			\$2,500.00
	1211 Canyon Brook, San Antonio, TX 78	3248		
Purpose of payment (Se required.)	se instructions regarding type of information	**Complete if direction Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sougl	nt Office held
requires.	Consulting Echrupy	Candidate / Cincelloloci	marine Since deag	
	Consulting - February			
Date	Payee Name			
2/2/2005	Mike Braden			Amount (\$)
	Contributor address; City; State; Zip Code)		\$250.00
	9511 Perrin Beitel #301, San Antonio, TX	78217		
Purpose of payment (Si required.)	ee instructions regarding type of information	**Complete if direct	et expenditure to benefit C/OH ** name Office soug	ht Office held
	Sign installation			
Date	Payee Name			
2/2/2005	Steven Grau			Amount (\$)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$5,212.54
	15873 Redwoods Manor, San Antonio, TX	X 78247		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office soug	ht Office held
	consulting and reimbursement		·	
Date	Payee Name			
2/7/2005	Monarch Trophy Studio			Amount (\$)
	Contributor address; City; State; Zip Code	 9		\$60.62
	2121 NW Military Hwy, San Antonio, TX			:
	ee instructions regarding type of information		ct expenditure to benefit C/OH **	
required.)		Candidate / Officeholder	name Office soug	ht Office held∈
	Nametags			
I .				

P.O. Box 12070

POLITICAL EXPENDITURES

SCHEDULE F

Į į	age 9 of 59
CCOUNT # (Ethics commission	filers)
	Amount (\$)
	\$500.00
ure to benefit C/OH ** Office sought	Office held
	Amount (\$) \$500.00
ure to benefit C/OH ** Office sought	Office held
	Amount (\$)
	\$200.00
ture to benefit C/OH ** Office sought	Office held
	-

Total pages Schedule A1:
Page 9 of 39
ACCOUNT # (Ethics commission filers)
Amount (\$)
\$500.00
Complete if direct expenditure to benefit C/OH ** te / Officeholder name Office sought Office held
Amount
(\$) \$500.00
\$300.00
Complete if direct expenditure to benefit C/OH ** tite / Officeholder name Office sought Office held
Amount
(\$)
\$200.00
*Complete if direct expenditure to benefit C/OH ** ate / Officeholder name Office sought Office held
Amount (\$)
\$258.49
*Complete if direct expenditure to benefit C/OH ** ate / Officeholder name Office sought Office held
HIS FORM AS NEEDED

Texas Ethics Comm	nission P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		;	SCHEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	Page 10 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics comr	nission filers)
Date 2/15/2005	Payee Name Baselice & Associates, Inc. Contributor address; City; State; Zip Code	3		Amount (\$) \$22,310.00
Purpose of payment (S required.)	4131Spicewood Springs Rd., Austin, TX see instructions regarding type of information Consulting		at expenditure to benefit C/OH ** name Office sou	ight Office held
Date 2/17/2005	Payee Name Right Images Contributor address; City; State; Zip Code 2027 Sable Lane, San Antonio, TX 7821			Amount (\$) \$167.55
Purpose of payment (S required.)	See instructions regarding type of information Printing	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sou	ight Office held
Date 2/17/2005	Payee Name Right Images Contributor address; City; State; Zip Code 2027 Sable Lane, San Antonio, TX 7821			Amount (\$) \$440.21
Purpose of payment (5 required.)	See instructions regarding type of information Printing	**Complete if direc Candidate / Officeholder	et expenditure to benefit C/OH ** name Office sou	ight Office held
Date 2/17/2005	Payee Name Gordon Hartman Enterprises, Inc. Contributor address; City; State; Zip Code 1175 W. Bitters, San Antonio, TX 78216			Amount (\$)
Purpose of payment (s required.)	See instructions regarding type of information Database - January	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sou	ught Office held

POLITI	CAL EXPENDITURES		SCH	EDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	ge 11 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commission	
Date	Payee Name			**********
2/17/2005	Right Images			Amount (\$)
	Contributor address; City; State; Zip Code 2027 Sable Lane, San Antonio, TX 7821	9		\$1,854.45
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sought	Office held
Date 2/17/2005	Payee Name Scott Pool			Amount (\$)
	Contributor address; City; State; Zip Code 1983 Oakwell Farms Pkwy. #1803, San Ar			\$1,211.54
Purpose of payment (S required.)	See instructions regarding type of information Consulting - January - Prorated	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office sought	Office held
Date	Payee Name			
2/17/2005	Gordon Hartman Enterprises, Inc.			Amount (\$)
	Contributor address; City; State; Zip Code 1175 W. Bitters, San Antonio, TX 78216			\$500.00
Purpose of payment (5 required.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** came Office sought	Office held
,	Database - March	candidate, emericae,	and cough	Onice hold
Date	Payee Name			
2/17/2005	Gordon Hartman Enterprises, Inc.			Amount (\$)
	Contributor address; City; State; Zip Code	е		\$500.00
	1175 W. Bitters, San Antonio, TX 78210	6		
Purpose of payment (\$ required.)	See instructions regarding type of information Database - February	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** lame Office sought	Office held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 12 of 39 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Payee Name Amount 2/18/2005 **Bobby Guerrero** \$319.49 Contributor address; City; 117 Lee St., San Antonio, TX 78214 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Sign Distribution Date Payee Name 2/18/2005 North East Education Foundation ***-*--\$150.00 Contributor address; City; State; Zip Code 2312 Encino Ranch, San Antonio, TX 78254 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Auction Donation Date Payee Name 2/22/2005 Intentional Communications \$3,800.00 Contributor address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Purpose of payment (See instructions regarding type of information required.)

P.O. Box 1119, Dripping Springs, TX 78620

**Complete if direct expenditure to benefit C/OH **
Candidate / Office holder name Office sought

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought

Office held

Office held

Postage

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A	
				Page 13 of 39
FILER NAME Carroll W. Schubert			ACCOUNT # (Ethics c	commission filers)
Date	Payee Name			Amount
2/22/2005	Right Images			(\$)
	Contributor address; City; State; Zip Code)		\$374.49
	2027 Sable Lane, San Antonio, TX 7821	7		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder r	t expenditure to benefit C/OH * name Office	sought Office held
	Printing			
Date	Payee Name	1		
2/23/2005	SBC			Amount (\$)
	Contributor address; City; State; Zip Code	 Э		\$1,606.79
	P.O. Box 930170, Dallas, TX 75393-01	70		
Purpose of payment (S required.)	lee instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH * name Office	e sought Office held
	Telephone & Internet Service			
Date	Payee Name			A SIASSO STATE
2/23/2005	Anthem Media			Amount (\$)
	Contributor address; City; State; Zip Code	e		\$20,000.00
	2700 Via Fortuna, Suite 400, Austin, TX	78746		
Purpose of payment (S	See instructions regarding type of information	**Complete if direc	t expenditure to benefit C/OH name Office	** e sought Office held
	Media			
Date	Payee Name			<u>්</u> ල්ලි
2/23/2005	House of Print & Copy			Amount 1 (\$)
	Contributor address; City; State; Zip Cod	e		\$1,544.28
	354 West Sunset Road, San Antonio, TX	< 78209		- 130 - 130 - 130
Purpose of payment (S	See instructions regarding type of information	**Complete if direct	et expenditure to benefit C/OH	++ N
,	Printing	Sanatalo, Sinosholder	Office	Substitution of the substi
	•			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	S NEEDED	

Texas Ethics Comm	nission P.O. Box 12070 Austin, Texas	s 78711-2070	(512) 463-580	0 1-800-325-8506
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	Page 14 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics com	mission filers)
Date 2/23/2005	Payee Name Cynthia Hancevic			Amount (\$)
	Contributor address; City; State; Zip Code 1851 W. Mulberry, San Antonio, TX 782			\$325.00
Purpose of payment (S required.)	See instructions regarding type of information Consulting	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sou	ught Office held
Date 2/23/2005	Payee Name Swirl Contributor address; City; State; Zip Code			Amount (\$) \$966.86
Purpose of payment (\$ required.)	315 9th St. #3, San Antonio, TX 78215 See instructions regarding type of information Push Cards; Invoice #2279	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office so	ught Office held
Date 2/23/2005	Payee Name Swirl Contributor address; City; State; Zip Code 315 9th St. #3, San Antonio, TX 78215	,		Amount (\$) \$240.00
Purpose of payment (s required.)	See instructions regarding type of information Business Cards; Invoice #2280	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office so	ught Office held
Date 2/23/2005	Payee Name Swirl Contributor address; City; State; Zip Code 315 9th St. #3, San Antonio, TX 78215	•		Amount (\$) \$115.83
Purpose of payment (a required.)	See instructions regarding type of information Volunteer Cards; Invoice #2254	**Complete if dire Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office so	ought Office held



Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **Texas Ethics Commission** P.O. Box 12070 SCHEDULE F **POLITICAL EXPENDITURES** Total pages Schedule A1: The Instruction guide explains how to coplete this form. Page 15 of 39 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Payee Name Date 2/23/2005 Office Tehnologies (\$) \$129.60 Contributor address; City; State; 5608 Randolph Blvd., San Antonio, TX 78233 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Copier rental and page charges Date Payee Name Amount 2/23/2005 City of San Antonio \$100.00 Contributor address; City; State; Zip Code 1901 S. Alamo, San Antonio, TX 78204 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office Purpose of payment (See instructions regarding type of information Office sought required.) Office held Filing Fee Payee Name Amount 2/23/2005 \$368.00 City; State; Zip Code 315 9th St. #3, San Antonio, TX 78215 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Palm Cards; Invoice #2281 Date Pavee Name 2/28/2005 Live Oak Civic Center (\$) Contributor address; City; State; Zip Code 8101 Pat Booker Rd, Live Oak, TX 78233 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information required.) Office held Facility Rental

POLIT	ICAL EXPENDITURES		SCH	HEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	age 16 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commissio	n filers)
Date	Payee Name			
3/2/2005	Live Oak Civic Center			Amount (\$)
	Contributor address; City; State; Zip Code 8101 Pat Booker Rd, Live Oak, TX 7823	3		\$75.00
Purpose of payment (strength for the payment	See instructions regarding type of information	**Complete if direc	t expenditure to benefit C/OH ** name Office sought	Office held
required.)	Facility Rental	Carindale / Officeriologi /	iaine Stogrik	Siliso Note
Date	Payee Name			Amount
3/2/2005	Right Images			(\$)
	Contributor address; City; State; Zip Code			\$189.59
	2027 Sable Lane, San Antonio, TX 7821	7		
Purpose of payment (required.)	See instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Printing			
Date	Payee Name			1
3/2/2005	Commserve, Inc.			Amount (\$)
	Contributor address; City; State; Zip Code			\$188.56
	130 Palisades Dr., Universal City, TX 78	148		1.7
Purpose of payment (See instructions regarding type of information	**Complete if direct	t expenditure to benefit C/OH ** name Office sought	Office held
	Telephone System Rental		-	
	,			
Date	Payee Name			<u>্</u>
3/2/2005	Staple's			Amount (\$)
	Contributor address; City; State; Zip Code			\$65.24
	500 Staples Drive, Framingham, MA 017	702		
Purpose of payment (required.)	See instructions regarding type of information	**Complete if direct	ct expenditure to benefit C/OH ** name Office sought	Office held
	Office Supplies	.,		222
	ATTACH ADDITIONAL COR	PIES OF THIS FORM A	S NEEDED	

The instruction	guide explains how to coplete this form.	Total pages Sch	edule A1: Page 17 of 3
FILER NAME		ACCOUNT # (F	Ethics commission filers)
T Make 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carroll W. Schubert		,
Date	Payee Name		Amount
3/2/2005	Steven Grau		(\$)
	Contributor address; City; State; Zip Code		\$5,000.0
	15873 Redwoods Manor, San Antonio, TX	(78247	
urpose of payment (Sequired.)	iee instructions regarding type of information	**Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office sought Office
	Contract Labor - March		
Date	Payee Name		Amount
3/2/2005	Money Mailer of the Alamo City		(\$)
	Contributor address; City; State; Zip Code		\$2,526.1
	220 Brightwood, San Antonio, TX 78209		
Purpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office sought Offi
oquireu.,	Printing	Salididate / Silicensider Hamo	Since sought Sin
	1 mung		
Date	Payee Name		Amount
3/2/2005	HGRP-Pavilion, LP		(\$)
	Contributor address; City; State; Zip Code	·	\$500.0
	2800 Industrial Terrace, Austin, TX 787	58	
Purpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office sought Offi
	Rent - March		Ť
	masi.		
Date	Payee Name	12 - WILL BOOK - 1 - 1 - 1	
3/2/2005	Meranda C Cohn		Amount (\$)
	Contributor address; City; State; Zip Code		\$2,775.0
	400 W. Bitters #204, San Antonio, TX 7		
Ourpose of payment (See instructions regarding type of information	**Complete if direct expenditure to benefit Candidate / Officeholder name	t C/OH *** Office sought Off
. ,	Consulting - March	, 5.115511501 700110	OII
	Consulting - March		

The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	ge 18 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commission	i filers)
Date	Payee Name			Amount
3/2/2005	Deborah Marino			(\$)
	Contributor address; City; State; Zip Code	е		\$4,000.00
	7515 Pepper Vine Lane, San Antonio, TX	78249		
Purpose of payment (Sequired.)	See Instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office sought	Office held
	Consulting - March			
Date	Payee Name	1		Amount
3/2/2005	Priest Cantu			(\$)
	Contributor address; City; State; Zip Cod-	le		\$4,000.00
	547 E. Amber, San Antonio, TX 78221			
Purpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office sought	Office held
	Consulting - March		v	
Date	Payee Name			Amount
3/2/2005	Deborah Marino			Amount (\$)
	Contributor address; City; State; Zip Cod	le		\$44.31
	7515 Pepper Vine Lane, San Antonio, TX	X 78249		
Purpose of payment (sequired.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH **	Office held
	Reimbursement		•	
				- A. 2.
Date	Payee Name			<i>f</i>
3/3/2005	Don Strange of Texas			Amount (\$)
	Contributor address; City; State; Zip Cod			\$6,378.80
	1551 Bandera Road, San Antonio, TX 7	78229		ः ्र
Purpose of payment (See instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** name Office sought	Office held
. ,		Canadata / Onicender I	Onice sought	Office field
	Catering			

P.O. Box 12070

The instruction	n guide explains how to coplete this form.	Total pa	ges Schedule A1:	
			Pag	e 19 of 39
FILER NAME Carroll W. Schubert		ACCO	UNT # (Ethics commission fi	lers)
Date	Payee Name			Amount
3/3/2005	Kyle Whatley			(\$)
	Contributor address; City; State; Zip Code 3902 College Main #1311, Bryan, TX 77			\$1,500.00
urpose of payment (equired.)	See instructions regarding type of information	**Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH ** Office sought	Office held
	Consulting			
Date	Payee Name	- Address - Addr	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Amount
3/3/2005	Steven Grau			(\$) \$50.00
	Contributor address; City; State; Zip Code			ψου.ου
	15873 Redwoods Manor, San Antonio, T.	X 78247		
Purpose of payment (equired.)	See instructions regarding type of information Reimbursement	**Complete if direct expenditure to Candidate / Officeholder name	o benefit C/OH ** Office sought	Office held
Date	Payee Name			
3/3/2005	1			Amount
3/3/2003	Steven Grau			Amount (\$)
5/5/2005	Steven Grau Contributor address; City; State; Zip Cod 15873 Redwoods Manor, San Antonio, T			
	Contributor address; City; State; Zip Cod		o benefit C/OH ** Office sought	(\$)
Purpose of payment	Contributor address; City; State; Zip Cod	X 78247 **Complete if direct expenditure to		(\$) \$83.23
Purpose of payment	Contributor address; City; State; Zip Cod 15873 Redwoods Manor, San Antonio, T	X 78247 **Complete if direct expenditure to		(\$) \$83.23 Office held
Purpose of payment a	Contributor address; City; State; Zip Cod 15873 Redwoods Manor, San Antonio, T (See instructions regarding type of information Reimibursement	X 78247 **Complete if direct expenditure to		(\$) \$83.23
Purpose of payment a equired.)	Contributor address; City; State; Zip Cod 15873 Redwoods Manor, San Antonio, T (See instructions regarding type of information Reimibursement Payee Name	**Complete if direct expenditure to Candidate / Officeholder name		(\$) \$83.23 Office held
Purpose of payment a equired.)	Contributor address; City; State; Zip Cod 15873 Redwoods Manor, San Antonio, T (See instructions regarding type of information Reimibursement Payee Name Scott Pool	**Complete if direct expenditure to Candidate / Officeholder name		(\$) \$83.23 Office held
Purpose of payment (equired.) Date 3/4/2005	Contributor address; City; State; Zip Cod 15873 Redwoods Manor, San Antonio, T (See instructions regarding type of information Reimibursement Payee Name Scott Pool Contributor address; City; State; Zip Cod	**Complete if direct expenditure to Candidate / Officeholder name	Office sought	(\$) \$83.23 Office held

as Ethics Comm	sission P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		sc	HEDULE F
The instruction	guide explains how to coplete this form.		Total pages Schedule A1:	
			F	Page 20 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commiss	sion filers)
Date 3/7/2005	Payee Name Anthem Media			Amount (\$)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		\$84,118.05
	2700 Via Fortuna, Suite 400, Austin, TX	78746		
urpose of payment (Soquired.)	ee instructions regarding type of information Media	**Complete if direct e Candidate / Officeholder na	expenditure to benefit C/OH ** me Office sought	Office he
	Wisting			
Date	Payee Name			Amount
3/8/2005	Distinctive Exteriors, Inc. dba Michael Holu	b Builder		(\$)
	Contributor address; City; State; Zip Code	Э		\$250.00
	P.O. Box 791246, San Antonio, TX 782	79-1246		
urpose of payment (S equired.)	ee instructions regarding type of information	**Complete if direct of Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sought	Office he
	Refund of contribution			
Date	Payee Name			
3/8/2005	Steve Heflin			Amount (\$)
	Contributor address; City; State; Zip Cod	e		\$1,000.00
	14855 Blanco Road, Suite 203, San Antor	nio, TX 78216		•
urpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct	expenditure to benefit C/OH ** ame Office sough	Office hi
	Refund of Contribution	Sunday Shorida		
Date	Payee Name			A
3/8/2005	OfficeMax			Amount (\$)
	Contributor address; City; State; Zip Cod	le		\$8.16
	125 N.W. Loop 410, San Antonio, TX			
Purpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sough	t Office h
	Office Supplies			
	ATTACH ADDITIONAL CO	I PIES OF THIS FORM AS	NEEDED	

FILER NAME

Date 3/8/2005

3/8/2005

3/9/2005

3/9/2005

P.O. Box 12070

POLITICAL EXPENDITURES

The instruction guide explains how to coplete this form.

Printing

Printing

Payee Name

Purpose of payment (See instructions regarding type of information required.)

Monthly Service

Cingular Wireless

Contributor address:

P.O. Box 650574, Dallas, TX 75265

Total pages Schedule A1:

SCHEDULE F

Page 21 of 39

**Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name



City; State; Zip Code

Office held

\$36.74

SCHEDULE F

The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	age 22 of 39
EII ED MANE				
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commissio	n mers)
Date	Payee Name			Amount
3/9/2005	Broadway National Bank			(\$)
	Contributor address; City; State; Zip Code	e		\$45.00
	1177 NE Loop 410, San Antonio, TX 78	217-0001		
urpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sought	Office held
	Check Order			
Date	Payee Name			Amount
3/9/2005	Broadway National Bank			(\$)
	Contributor address; City; State; Zip Code	6		\$51.70
	1177 NE Loop 410, San Antonio, TX 78	3217-0001		
urpose of payment (sequired.)	See instructions regarding type of information	**Complete if direct	expenditure to benefit C/OH ** ame Office sought	Office held
	Check Order		·	
Date	Payee Name			Amount
3/9/2005	Wal-Mart Stores Inc. #2404			(\$)
	Contributor address; City; State; Zip Cod	e		\$6.40
	8500 Jones Maltsberger, San Antonio, T.	X 78216		
Purpose of payment (equired.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office sought	Office held
	Office Supplies			
Date	Payee Name			
3/9/2005	Kinko's			Amount (\$)
	Contributor address; City; State; Zip Cod	le		\$6.21
	13420 San Pedro Ave., San Antonio, TX	78216		
Purpose of payment (equired.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office sought	Office held
	Copies			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM AS	NEEDED	

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POLITI	CAL EXPENDITURES		SCHI	EDULE F
The Instruction	guide explains how to coplete this form.	То	tal pages Schedule A1:	ge 23 of 39
FILER NAME		A	CCOUNT # (Ethics commission	
	Carroll W. Schubert			
Date	Payee Name			Amount
3/10/2005	Volunteer Services Council			(\$)
	Contributor address; City; State; Zip Code	······		\$750.00
	6711 S New Braunfels Ste 500, San Antor	nio, TX 78223		
Purpose of payment (S required.)	ee instructions regarding type of information	**Complete if direct expendit Candidate / Officeholder name	ture to benefit C/OH ** Office sought	Office held
	Sponsorship			
Date	Payee Name		The state of the s	
3/11/2005	Commserve, Inc.			Amount (\$)
	Contributor address; City; State; Zip Code	Zip Code		\$188.56
	130 Palisades Dr., Universal City, TX 78	3148		
Purpose of payment (S required.)	See instructions regarding type of information Telephone System Rental	**Complete if direct expendi Candidate / Officeholder name	ture to benefit C/OH ** Office sought	Office held
Date	Payee Name	<u> </u>		
3/11/2005	Oak Hills Medical Center Hotel			Amount *. (\$)
	Contributor address; City; State; Zip Cod	е		\$44.96
	7401 Wurzbach Rd., San Antonio, TX 7	'8229		
Purpose of payment (S	See instructions regarding type of information	**Complete if direct expendi		*· _{***}
required.)	Catarina	Candidate / Officeholder name	Office sought	Office held.
	Catering			Ji Andrang Prija di Mili Mili
Date	Payee Name	,		<u>()</u>
3/11/2005	Oak Hills Medical Center Hotel			Amount (\$)
., ,				\$159.00
	Contributor address; City; State; Zip Cod 7401 Wurzbach Rd., San Antonio, TX			
Purpose of payment (S	See instructions regarding type of information	**Complete if direct expend Candidate / Officeholder name	iture to benefit C/OH ** Office sought	Office held
	Banquet Room Rental	Caminate / Cincendide Hame	Onice sought	Office field
	ATTACH ADDITIONAL CO	PIES OF THIS FORM AS NEE	DED	

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction of	guide explains how to coplete this form.	Total pages Schedule A	A1: Page 24 of 39
FILER NAME Carroll W. Schubert		ACCOUNT # (Ethics of	commission filers)
Date 3/11/2005	Payee Name Meranda C Cohn		Amount (\$)
	Contributor address; City; State; Zip Code 400 W. Bitters #204, San Antonio, TX 78	1216	\$21.98
turpose of payment (So equired.)	ee instructions regarding type of information Reimbursement	**Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office	•• • sought Office hel
Date 3/14/2005	Payee Name OfficeMax Contributor address; City; State; Zip Code		Amount (\$) \$23.49
Purpose of payment (S equired.)	125 N.W. Loop 410, San Antonio, TX ee instructions regarding type of information Office Supplies	**Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office	** Office he
Date 3/14/2005	Payee Name Broadway National Bank Contributor address; City; State; Zip Code 1177 NE Loop 410, San Antonio, TX 78		Amount (\$) \$5.00
Purpose of payment (S required.)	See instructions regarding type of information Chargeback Fee	**Complete if direct expenditure to benefit C/OH	l ** ue sought Office h
Date 3/14/2005	Payee Name Office Depot Contributor address; City; State; Zip Code Store #458, San Antonio, TX 78216	3	Amount (\$) \$28.52
Purpose of payment (S required.)	See instructions regarding type of information Office Supplies	**Complete if direct expenditure to benefit C/Oh Candidate / Officeholder name Office	I *** Ce sought Office

POLITI	CAL EXPENDITURES		SC	CHEDULE F
The instruction	guide explains how to coplete this form.		Total pages Schedule A1:	Page 25 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commiss	sion filers)
Date	Payee Name			Amount
3/14/2005	Allied Advertising			(\$)
	Contributor address; City; State; Zip Code	·		\$2,339.50
	3700 Blanco Rd., San Antonio, TX 7821	2		
urpose of payment (Sequired.)	See instructions regarding type of information	**Complete if direct ex Candidate / Officeholder nan	penditure to benefit C/OH ** ne Office sought	Office held
	Signs and Stickers			
Date	Payee Name			Amount
3/14/2005	United States Postal Service			(\$)
	Contributor address; City; State; Zip Code	e		\$370.00
	Airport Mail Facility, San Antonio, TX 78	246		
equired.)	See instructions regarding type of information Stamps	Candidate / Officeholder nar	φenditure to benefit C/OH ** ne Office sough	t Office hel
Date	Payee Name			Amount
3/15/2005	Baselice & Associates, Inc.			(\$)
	Contributor address; City; State; Zip Cod-	e		\$17,685.00
	4131Spicewood Springs Rd., Austin, TX	78759		
ourpose of payment (in equired.)	See instructions regarding type of information	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH ** me Office sough	d Office hel
0401100.)	Consulting	Caradate / Childentide Hai		t Office hel
	Consulting			
Date	Payee Name			
3/15/2005	Alamo City Republican Women			Amount (\$)
	Contributor address; City; State; Zip Cod	le		\$17.00
	6018 Whirlwind, San Anotnio, TX 7823	9-2127		
Purpose of payment (equired.)	See instructions regarding type of information	**Complete if direct e Candidate / Officeholder na	xpenditure to benefit C/OH ** me Office sough	
	Lunch Meeting			
	Lunch Meeting ATTACH ADDITIONAL CO	PIES OF THIS FORM AS	NEEDED	

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The instruction	guide explains how to coplete this form.		Total pages Schedule A1:	ge 26 of 39
FILER NAME			ACCOUNT # (Ethics commission	filers)
	Carroll W. Schubert			
Date	Payee Name			Amount
3/16/2005	Conference America, Inc.	·		(\$)
	Contributor address; City; State; Zip Code , Montgomery, Al			\$3.25
Purpose of payment (Sequired.)	ee instructions regarding type of information	**Complete if direct expe Candidate / Officeholder name	enditure to benefit C/OH ** Office sought	Office held
	Telecommunications			
Date	Payee Name			Amount
3/16/2005	Barn Door Restaurant			(\$) \$235.01
	Contributor address; City; State; Zip Code 8400 N. New Braunfels, San Antonio, TX			Ψ200.01
Purpose of payment (9	Gee instructions regarding type of information		enditure to benefit C/OH **	
required.)	Event - Room Rental and Food	Candidate / Officeholder name	Office sought	Office held
		·		
Date	Payee Name			Amount
3/16/2005	PayPal			(\$) \$182.27
	Contributor address; City; State; Zip Code			ψ102.27 **
	P.O. Box 45950, Omaha, NE 68145-098	,		: :
Purpose of payment (S required.)	See instructions regarding type of information	**Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH ** Office sought	Office held
	Paypal Fees			~
				· · · · · · · · · · · · · · · · · · ·
Date 3/16/2005	Payee Name Anthem Media			Amount 5
3/10/2005	Anthem Media			(\$) \$3,221.00
	Contributor address; City; State; Zip Code			ψ0,221.00
Purpose of payment (\$	2700 Via Fortuna, Suite 400, Austin, TX See instructions regarding type of information	**Complete if direct exp	enditure to benefit C/OH **	
required.)		Candidate / Officeholder name	e Office sought	Office held
	Media			

exas Ethics Comm	nission P.O. Box 12070 Austin, Texas	3 78711-2070	(512) 463-5800 1	-800-325-8506
POLITI	CAL EXPENDITURES		SCH	HEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1:	age 27 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commissio	
Date 3/16/2005	Payee Name Conference America, Inc.			Amount (\$)
	Contributor address; City; State; Zip Code , Montgomery, Al			\$21.18
Purpose of payment (S required.)	Telecommunications	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sought	Office held
Date 3/16/2005	Payee Name Conference America, Inc. Contributor address; City; State; Zip Code , Montgomery, Al			Amount (\$) \$0.32
Purpose of payment (S required.)	See instructions regarding type of information Telecommunications	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sought	Office held
Date 3/16/2005	Payee Name Conference America, Inc. Contributor address; City; State; Zip Code , Montgomery, AI	,		Amount (\$) \$0.05
Purpose of payment (S required.)	See instructions regarding type of information Telecommunications	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sought	Office held:
Date 3/16/2005	Payee Name Mac's Flowers & Greenhouses, Inc. Contributor address; City; State; Zip Code 2806 N. St. Mary's, San Antonio, TX 782			Amount (\$) (\$) (\$) \$51.72
Purpose of payment (strength required.)	See instructions regarding type of information	**Complete if direction Candidate / Officeholder	ct expenditure to benefit C/OH ** r name Office sought	Office held

CITY OF SEN ANTONIC

Printing

exas Ethics Comm	ission P.O. Box 12070 Austin, Texas	78711-2070 (512) 463-58	00 1-800-325-8506
POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	guide explains how to coplete this form.	Total pages Schedule A	Page 29 of 39
FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethics co	mmission filers)
Date 3/17/2005	Payee Name Targeted Creative Communications, Inc. Contributor address; City; State; Zip Code		Amount (\$) \$9,420.36
Purpose of payment (S required.)	1000 Duke Street, Alexandria, VA 22314 ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s	sought Office held
	Mail		
Date 3/18/2005	Payee Name Conference America, Inc.		Amount (\$)
	Contributor address; City; State; Zip Code , Montgomery, Al		\$40.20
Purpose of payment (S required.)	See instructions regarding type of information Telecommunications	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office	sought Office held
Date 3/18/2005	Payee Name Conference America, Inc.		Amount (\$)
	Contributor address; City; State; Zip Code		\$6.25
Purpose of payment (\$ required.)	See instructions regarding type of information Telecommunications	**Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Office	* sought Office held
Date 3/18/2005	Payee Name Design Majic, Inc. Contributor address; City; State; Zip Code		Amount (\$) \$250.00
Purpose of payment (required.)	3701 N.W. 16th St., Lauderhill, FL See instructions regarding type of information Printing	**Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office	** sought Office held

Texas Ethics Comm	nission P.O. Box 12070 Austin, Texas	s 78711-2070	(512) 463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		\$	SCHEDULE F
The instruction	guide explains how to coplete this form.		Total pages Schedule A1:	Page 31 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics comm	ission filers)
Date	Payee Name			
3/18/2005	Anthem Media			Amount (\$)
	Contributor address; City; State; Zip Code 2700 Via Fortuna, Suite 400, Austin, TX			\$25,280.00
Purpose of payment (S	See instructions regarding type of information	**Complete if direct of Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sou	tht Office held
Toquiros.)	Media	Candidate / Cincololide inc		,
Date	Payee Name			
3/18/2005	House of Print & Copy			Amount (\$)
	Contributor address; City; State; Zip Code 354 West Sunset Road, San Antonio, TX			\$636.02
	See instructions regarding type of information		expenditure to benefit C/OH **	0.55
required.)	Printing	Candidate / Officeholder na	ame Office sou	ght Office held
Date	Payee Name	<u> </u>		
3/19/2005	Office Tehnologies			Amount (\$)
	Contributor address; City; State; Zip Code	·····		\$154.93
	5608 Randolph Blvd., San Antonio, TX	78233		
Purpose of payment (required.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder na	expenditure to benefit C/OH ** ame Office sou	ght Office held 3
	Copier Rental			
Date	Payee Name			
3/19/2005	Priest Cantu			Amount (\$)
	Contributor address; City; State; Zip Code	e		\$340.00
	547 E. Amber, San Antonio, TX 78221			<u> </u>
Purpose of payment (required.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office sou	ght Office held
	Reimbursement			

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction go	uide explains how to coplete this form.		Total pages Schedule /	Page 32 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics o	commission filers)
Date 3/19/2005	Payee Name Oakleaf Florist			Amount (\$) \$118.51
	Contributor address; City; State; Zip Code 4185 Naco-Perrin, San Antonio, TX 7821	17		4
Purpose of payment (Ser required.)	e instructions regarding type of information	**Complete if direc Candidate / Officeholder i	t expenditure to benefit C/OH name Office	** e sought Office held
Date 3/19/2005	Payee Name Staple's			Amount (\$)
	Contributor address; City; State; Zip Code 500 Staples Drive, Framingham, MA 017			\$61.88
Purpose of payment (Se required.)	e instructions regarding type of information Office Supplies	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH name Office	** e sought Office held
Date	Payee Name			Amount
3/19/2005	Cingular Wireless	***************************************		(\$) \$94.23
	Contributor address; City; State; Zip Code P.O. Box 650574, Dallas, TX 75265			фотлео « ₋₅) 1 1
Purpose of payment (Se required.)	e instructions regarding type of information Monthly Service	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH name Office	e sought Office held
	and the state of t			
Date 3/21/2005	Payee Name The JM Group			Amount
3/21/2003	Contributor address; City; State; Zip Code	·		(\$) \$441.00
	12716 O'Connor Rd., San Antonio, TX 7	8233		
Purpose of payment (Se required.)	e instructions regarding type of information Mailing	**Complete if direc Candidate / Officeholder	ot expenditure to benefit C/OH name Office	e sought Office held

Texas Ethics Commission

Texas Ethics Commi	ssion P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 463-5	800 1-800-325-8506
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction of	guide explains how to coplete this form.		Total pages Schedule	A1 :
				Page 34 of 39
FILER NAME			ACCOUNT # (Ethics of	commission filers)
	Carroll W. Schubert			
Date	Payee Name			
3/22/2005	Federal Express			Amount (\$)
	Contributor address; City; State; Zip Code			\$40.26
	1275 N.E. Loop 410, San Antonio, TX 78	3217		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH	** sought Office held
required.,	Shipping	ourdidate / Officerrolder II		- dought
	Shipping			
Date	Payee Name			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3/22/2005	Monarch Trophy Studio			Amount (\$)
	Contributor address; City; State; Zip Code	·		\$32.48
	2121 NW Military Hwy, San Antonio, TX	78213-1896		
	ee instructions regarding type of information		expenditure to benefit C/OH	
required.)		Candidate / Officeholder r	name Office	e sought Office held
	Staff Nametags			
Date	Payee Name			_
3/23/2005	Conference America, Inc.		:	Amount (\$)
	Contributor address; City; State; Zip Code	•		\$34.83
	, Montgomery, Al			• •
Purpose of payment (Se	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder r	t expenditure to benefit C/OH	** e sought Office held ?
required.y	Telecommunications	Candidate / Officeroider i	name Onic	Sought Office field 7
;	r diccommunications			1
Date	Payee Name			
3/23/2005	TGI Fridays			Amount (\$)
	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • •		\$163.00
	29 NE Loop 410, San Antonio, TX 7821	6		ج)
Purpose of payment (S required.)	L. ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH	** e sought Office held
	Catering	Januidate / Officeffolder	manie Ome	o occupint Office field
	Janoinig	1		

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	guide explains how to coplete this form.		Total pages Schedule A1	Page 35 of 39
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics cor	nmission filers)
Date 3/23/2005	Payee Name Conference America, Inc.			Amount (\$)
	Contributor address; City; State; Zip Code	3		\$1.09
Purpose of payment (S required.)	tiee instructions regarding type of information Telecommunications	**Complete if direct Candidate / Officeholder n	expenditure to benefit C/OH ** ame Office so	ought Office held
Date 3/23/2005	Payee Name Conference America, Inc. Contributor address; City; State; Zip Code , Montgomery, Al	9		Amount (\$) \$34.95
Purpose of payment (S required.)	Gee instructions regarding type of information Telecommunications	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office s	ought Office held
Date 3/23/2005	Payee Name Conference America, Inc. Contributor address; City; State; Zip Code , Montgomery, AI	e		Amount (\$) \$10.14
Purpose of payment (S required.)	See instructions regarding type of information Telecommunications	**Complete if direct Candidate / Officeholder i	t expenditure to benefit C/OH ** name Office s	ought Office held
Date 3/23/2005	Payee Name Conference America, Inc. Contributor address; City; State; Zip Cod., Montgomery, Al	е		Amount (\$) \$1.32
Purpose of payment (\$ required.)	See instructions regarding type of information Telecommunications	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office s	



POLITI	ission P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 463-5800 SC	1-800-325-8506 CHEDULE F	
The instruction guide explains how to copiete this form.			Total pages Schedule A1: Page 37 of 39		
FILER NAME Carroll W. Schubert			ACCOUNT # (Ethics commission filers)		
Date 3/24/2005	Payee Name Bexar County Republican Women			Amount (\$)	
	Contributor address; City; State; Zip Code 2239 Indian Meadows Dr., San Antonio,			\$32.00	
turpose of payment (Sequired.)	ee instructions regarding type of information Lunch Meeting	**Complete if direc Candidate / Officeholder i	t expenditure to benefit C/OH ** name Office sought	Office held	
Date 3/24/2005	Payee Name Design Majic, Inc.			Amount (\$) \$284.00	
	Contributor address; City; State; Zip Code 3701 N.W. 16th St., Lauderhill, FL	e		Ψ20 1 .00	
Purpose of payment (S equired.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office hel	
Date 3/25/2005	Payee Name Meranda C Cohn Contributor address; City; State; Zip Cod	e		Amount (\$) \$75.80	
	400 W. Bitters #204, San Antonio, TX 7	78216		20 .!.	
Purpose of payment (S equired.)	Reimbursement	**Complete if direc Candidate / Officeholder	ot expenditure to benefit C/OH *** name Office sough	# #: 2	
Date	Payee Name			Amount	
3/25/2005	Meranda C Cohn Contributor address; City; State; Zip Cod 400 W. Bitters #204, San Antonio, TX	Code		(\$) \$359.00	
Purpose of payment (sequired.)	See instructions regarding type of information Reimbursement - Phone	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sough	t Office he	
	ATTACH ADDITIONAL CO	DIES OF THIS EODIA	IS NEEDED		

POLITICAL EXPENDITURES

The Instruction guide explains how to coplete this form.

Purpose of payment (See instructions regarding type of information required.)

Shipping

Total pages Schedule A1:

SCHEDULE F

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office s

Office sought

Office held

SCHEDULE F

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULI	E G
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sched	edule G:	
2 FILER NAM	Carroll W. Schubert	3 ACCOUNT # (Ethi	hics Commission filers)	
4 Date	6 Payee address; City; State; Zip Code		8 Amount (\$)	
	P.O. Box 839966 San Actoriot Purpose of expenditure (See instructions regarding type of information reg CAMPAGN Fling Dacket	18283- uired.) 3966	Reimburseme from political contributions intended	ent
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information rec	uired.)	Reimburseme from political contributions intended	ent
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	OTY R
	Purpose of expenditure (See instructions regarding type of information rec	guired.)	Remburseme from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code			ANTOHIO
	Purpose of expenditure (See instructions regarding type of information re	quired.)	Reimburseme from political contributions intended	ent
Date	Payee name		Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information red	quired.)	Reimburseme from political contributions intended	
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED		